## UNITED STATES BANKRUPTCY COURT Northern District of Georgia

IN RE:

\* CASE NO. 18-56291-PMB

\*

SHANNON LORI LEE

\* CHAPTER 13

k

Debtor

#### COVER SHEET FOR AMENDED SCHEDULES I AND J

Schedule I was amended to reflect current income.

Schedule J was amended to reflect current expenses.

Also included with this amendment are the Amended Summary of Schedules, Amended Statistical Summary and Declaration of Schedules.

Date: July 30, 2018

Howard Slomka, Esq.
Georgia Bar # 652875
Slipakoff & Slomka, P.C.
Attorney for Debtor
2859 Paces Ferry Road SE Suite 1700
Atlanta, GA 30339
Tel. (404) 800-4001

	in this information to identify your o								
De	btor 1 Shannon Lo	ori Lee			_				
	btor 2 puse, if filing)			<del> </del>					
Ur	ited States Bankruptcy Court for the	: NORTHERN DISTRI	CT OF GEORGIA						
	se number 16-56291		_			Check if this is	:		
(If I	nown)				İ	An armende	ed filing		
_	SS: 1 I T 4001					☐ A supplem 13 income	ent showin as of the f	g postpetition of ollowing date:	chapter
_	fficial Form 106I					MM / DD/	YYYY		
	chedule I: Your Inc								12/15
Ра 1.	t 1: Describe Employment Fill in your employment information.		Debtor 1			· · · · · · · · · · · · · · · · · · ·		ling spouse	
	If you have more than one job, attach a separate page with	Employment status	Employed			Empl	Employed		
						<b></b>			
	information about additional employers.	Occupation	☐ Not employed			☐ Not e	mployed		
		Occupation Employer's name	Life University,	Inc.	TOTAL	Self em			
	employers.  Include part-time, seasonal, or	,	- Cranelline	ircle					
	employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Employer's name	Life University, 1269 Barclay Ci Marietta, GA 30	ircle					
Pai	employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Employer's name Employer's address How long employed to	Life University, 1269 Barclay Ci Marietta, GA 30	ircle					
sti	employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	Employer's name Employer's address How long employed to	Life University, 1269 Barclay Ci Marietta, GA 30	ircle 060	any line	Selfen	ployed	slude your non-	filing
<b>sti</b> pou	employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Give Details About Mornate monthly income as of the data	Employer's name Employer's address  How long employed to the string income ate you file this form. If your than one employer, co	Life University, 1269 Barclay Ci Marietta, GA 30 here?	ircle 060 eport for		Self err	space. Inc	•	J
sti oou yo	employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  2: Give Details About Mornate monthly income as of the dase unless you are separated.	Employer's name Employer's address  How long employed to the string income ate you file this form. If your than one employer, co	Life University, 1269 Barclay Ci Marietta, GA 30 here?	ircle 060 eport for	employe	Self err	space. Inc	•	J
sti oou yo	employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  2: Give Details About Mornate monthly income as of the dase unless you are separated.	Employer's name Employer's address  How long employed to the state you file this form. If your employer, country, and commissions (but you and com	Life University,  1269 Barclay Ci Marietta, GA 30 here?  you have nothing to respond to the information	ircle 060 eport for	employe	Self err	space. Inc	nes below. If yo	J
sti pou yo ore	Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Give Details About Mornate monthly income as of the dase unless you are separated.  or your non-filing spouse have more space, attach a separate sheet to	Employer's name Employer's address  How long employed to the string income  ate you file this form. If your than one employer, countries form.  Ty, and commissions (businessed)	Life University,  1269 Barclay Ci Marietta, GA 30 here?  you have nothing to respond to the information	eport for	employe	Self em	space. Inc	nes below. If yo otor 2 or ng spouse	J

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Debt	ebtor 1 Shannon Lori Lee			Case r	number (if known)	16-56291		
	Cor	by line 4 here	4.	For I	Debtor 1 2,109.00		ebtor 2 or iling spouse 0.00	
5.		all payroli deductions:			2,109,00	Ψ	0.00	
J.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	153.00	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	š—	0.00	\$	0.00 0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	47.00	š	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	š	0.00	
	5e.	Insurance	5e.	\$	1,078.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,278.00	\$	0.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	831.00	\$	0.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	<b>C</b>	4.400.00	
	8b.	Interest and dividends	оа. 8b.	\$ 	0.00	\$	4,400.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	OB.	Ψ	0.00	<b>J</b>	0.00	
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	4,400.00	
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		831.00 + \$	4.40	0.00 = \$ 5,231.00	
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	-		001.00	7,70	0.00	
	Inclu othe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your refriends or relatives.  Not include any amounts already included in lines 2-10 or amounts that are not a cify:	depend	-		,	nedule J. 11, +\$ 0.00	
		the amount in the last column of line 10 to the amount in line 11. The rest is that amount on the Summary of Schedules and Statistical Summary of Certain ies					12. \$ 5,231.00 Combined	
13.	Doy ■	vou expect an increase or decrease within the year after you file this form?  No.  Yes. Explain:	?				monthly income	

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Fil	II in this information to identify your case:					
De	ebtor 1 Shannon Lori Lee				eck if this is:	
De	ebtor 2				An amended filing	
1	pouse, if filing)		- I I I I I I I I I I I I I I I I I I I		13 expenses as of	ving postpetition chapter the following date:
Un	nited States Bankruptcy Court for the: NORTH	ERN DISTRICT OF GEO	RGIA		MM / DD / YYYY	
	se number 16-56291 known)	·····				
0	Official Form 106J					
S	chedule J: Your Expen	Ses				4644
Be info nu	e as complete and accurate as possible. formation. If more space is needed, attac imber (if known). Answer every question	If two married people ar	e filing together, bo form. On the top of a	th are equ any additi	ually responsible fo ional pages, write y	12/15 r supplying correct our name and case
1.	Describe Your Household ls this a joint case?					
	No. Go to line 2.  Yes. Does Debtor 2 live in a separation of the property of		for Sanavata Ususah	ald of Dah	-4 0	
		i i omi 1005-2, Expenses	ioi Separate nousen	Old of Der	NOI Z.	
2.	Do you have dependents?					
	<b>—</b> 103.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	2 .	Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.					Yes
						□ No
						☐ Yes
						□ No
						Yes
						□ No
3.	Do your expenses include expenses of people other than	=			***************************************	☐ Yes
	yourself and your dependents?	'es				
Pari	t2: Estimate Your Ongoing Monthly	Expenses				
exp	imate your expenses as of your bankrup benses as of a date after the bankruptcy blicable date.	otcy filing date unless ye is filed. If this is a supp	ou are using this for lemental <i>Schedule</i> J	m as a su , check t	upplement in a Chap he box at the top of	oter 13 case to report the form and fill in the
the	lude expenses paid for with non-cash go value of such assistance and have inclu ficial Form 106I.)				Your expe	nses
					•	
4.	The rental or home ownership expense payments and any rent for the ground or i		iclude first mortgage	4. \$		1,400.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$	<b>5</b>	0.00
	4b. Property, homeowner's, or renter's	insurance		4b. \$		0.00 50.00
	4c. Home maintenance, repair, and upl			4c. \$	·	0.00
	4d. Homeowner's association or condo	minium dues		4d. S	\$	0.00
5.	Additional mortgage payments for you	r residence, such as hon	ne equity loans	5. \$	<u> </u>	0.00

# 

Debtor 1	Shanno	n Lori Lee	Case num	ber (if known)	16-56291
6. Uti	lities:				
o. Uti 6a.		, heat, natural gas	6a.	\$	180.00
6b.	•	wer, garbage collection	6b.		50.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.	· —	108.00
6d.	•		6d.	·	0.00
. Fo	•	sekeeping supplies		\$	332.00
		children's education costs	8.	\$	0.00
. Clo	thing, laund	fry, and dry cleaning	9.	\$	20.00
		products and services	10.	\$	25.00
1. <b>Me</b>	dical and de	ental expenses	11.	\$	0.00
2. Tra	nsportation	. Include gas, maintenance, bus or train fare.		<del></del>	
Do	not include of	car payments.	12.	· ————	150.00
3. <b>En</b> 1	tertainment,	clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
4. Ch	aritable con	tributions and religious donations	14.	\$	0.00
	urance.				
		nsurance deducted from your pay or included in lines 4 or 20.		<b>c</b>	
	a. Life insura		15a.	•	0.00
	. Health ins		15b.		0.00
	. Vehicle in		15c.	\$	250.00
15c	Other insi	urance. Specify: Husband workers comp insurance for			
		business	15d.		125.00
		d business liability insurance		\$	25.00
		d insurance on company vehicle		\$	75.00
		nclude taxes deducted from your pay or included in lines 4 or 20.			
	ecify:		16.	\$	0.00
		ease payments:	47-	¢	
		ents for Vehicle 1	17a.	-	0.00
		ents for Vehicle 2	17b.	•	0.00
	. Other. Sp	•	17c.		0.00
	l. Other. Sp		17d.	\$	0.00
		of alimony, maintenance, and support that you did not report a		\$	0.00
		your pay on line 5, Schedule I, Your Income (Official Form 106I) syou make to support others who do not live with you.	, 10.	\$	
	i <b>er payme</b> nt ecify:	s you make to support others who do not live with you.	19.	۰	0.00
		erty expenses not included in lines 4 or 5 of this form or on Sch		ur Incomo	
		s on other property	20a.		0.00
	. Real esta		20b.		0.00
		homeowner's, or renter's insurance	20c.	·	0.00
		nce, repair, and upkeep expenses	20d.	` ——————	0.00
		er's association or condominium dues	20d. 20e.	`	
	er: Specify:		206.		0.00
			<u> </u>	+\$	758.00
		iness gas expense	annual territory	·	200.00
		iness cleaning expense		+\$ +\$	100.00
NF	อ ioan 2 (e	nds May 2021)		тф	933.00
. Cai	culate your	monthly expenses			
22a	. Add lines 4	through 21.		\$	4,781.00
22b	. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c	. Add line 22	a and 22b. The result is your monthly expenses.		s <sup></sup>	4,781.00
		, , ,			7,701.00
		monthly net income.			
		12 (your combined monthly income) from Schedule I.	23a.		5,231.00
23b	. Copy you	monthly expenses from line 22c above.	23b.	-\$	4,781.00
23c		our monthly expenses from your monthly income.	22.	\$	450.00
	The result	is your monthly net income.	23c.	<u> </u>	430.00
For	example, do yo	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect yo terms of your mortgage?			ase or decrease because of a
	No.				
	Yes.	Explain here:			·
	1 GO.	Explain note.			

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-	Cas	e 10-20231-bilic		07/30/10 Littered 07/30/10 10:33	.50 D	53C Main
Fi	ll in this info	rmation to identify your		less rage out at		
Dε	ebtor 1	Shannon Lori Le				
De	ebtor 2	First Name	Middle Name	Last Name		
1	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA		
Са	ise number	16-56291				
ì	nown)	10-00201			Chec	k if this is an
<u></u>			· · · · · · · · · · · · · · · · · · ·			ided filing
		orm 106Sum	amal I tabilista a a			
Su Be	Immary (	of Your Assets	and Liabilities an	d Certain Statistical Information are filing together, both are equally responsible f		12/15
you	rmation. Fill r original for	out all of your schedule	es first; then complete the	e information on this form. If you are filing amend the box at the top of this page.	or supplyii led schedu	ng correct lles after you file
					Your a Value (	ssets of what you own
1.		A/B: Property (Official Fo			\$	0.00
					` <del></del>	
					\$	24,801.00
	1c. Copy lin	ie 63, Total of all property	on Schedule A/B		\$	24,801.00
Par	12 Summ	narize Your Liabilities				
						abilities tyou owe
2.	Schedule D 2a. Copy the	: Creditors Who Have Cla e total you listed in Colun	aims Secured by Property ( nn A, Amount of claim, at th	(Official Form 106D) ne bottom of the last page of Part 1 of Schedule D	\$	10,544.00
3.	Schedule E	/F: Creditors Who Have (	Insecured Claims (Official	Form 106E/F)		
	3a. Copy th	e total claims from Part 1	(priority unsecured claims	s) from line 6e of Schedule E/F	\$	0.00
	3b. Copy th	e total claims from Part 2	(nonpriority unsecured cla	aims) from line 6j of Schedule E/F	\$	8,649.88
				Your total liabilities	\$	19,193.88
- 1960.			_			
⊰art	3: Summ	arize Your Income and	Expenses			
4.	Schedule I: Copy your co	Your Income (Official For ombined monthly income	m 106l) from line 12 of <i>Schedule I</i>		\$	5,231.00
5.		Your Expenses (Official			Ψ	5,251.00
<b>.</b>	Copy your m	nonthly expenses from lin	e 22c of Schedule J		\$	4,781.00
Part	4 Answe	r These Questions for A	Administrative and Statis	tical Records		
6.			r Chapters 7, 11, or 13? on this part of the form. Che	eck this box and submit this form to the court with yo	ır other sch	edules.
	Yes			·		
7.		f debt do you have?				
	Your de househo	ebts are primarily consold purpose." 11 U.S.C.	u <b>mer debts. Consumer de</b> § 101(8). Fill out lines 8-9g	obts are those "incurred by an individual primarily for a for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your de	ebts are not primarily control with your other schedu	onsumer debts. You have les.	e nothing to report on this part of the form. Check this	box and su	ibmit this form to

Summary of Your Assets and Liabilities and Certain Statistical Information

Official Form 106Sum

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Debtor 1 Shannon Lori Lee

	rom the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 22A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$	4,601.70
--	--	----	----------

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	m
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report a priority claims. (Copy line 6g.)	s \$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill in this inform	mation to identify your	case:			
Debtor 1	Shannon Lori Lee	9		V-33	
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA	P 100 F 100	
Case number	16-56291				
(if known)				Check if this is an	
				amended filing	
Official Form  Declarat		ın Individual	Debtor's Sch	nedules 12/	15
If two married pe	ople are filing together	r, both are equally respor	nsible for supplying correc	ct information.	
obtaining money	s form whenever you fi or property by fraud ir 8 U.S.C. §§ 152, 1341, 1	n connection with a bank	or amended schedules. M ruptcy case can result in fi	flaking a false statement, concealing property, or fines up to \$250,000, or imprisonment for up to 2	0
Sigr	n Below				
Did you pay	y or agree to pay some	one who is NOT an attorn	ney to help you fill out ban	nkruptcy forms?	
No No					
☐ Yes. N	lame of person			Attach Bankruptcy Petition Preparer's Notice	
				Declaration, and Signature (Official Form 11	9)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and

Official Form 106Dec

Signature of Debtor 2

that they are true and correct.

X /s/ Shannon Lori Lee

Shannon Lori Lee Signature of Debtor 1

Date July 30, 2018

### IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE:

SHANNON LORI LEE : CHAPTER 13

Debtor. : CASE NO.: 16-56291-PMB

#### **CERTIFICATE OF SERVICE**

This is to certify that I have this day served a copy of the within and foregoing Amended Schedule I, Amended Schedule J, Amended Statistical Summary and Summary of Schedules and Amended Declaration of Debtor's Schedules, in the above styled case by depositing same in the United States mail with the adequate postage affixed thereto to insure delivery addressed as follows:

Melissa J. Davey, Chapter 13 Trustee 260 Peachtree St NE #200 Atlanta, GA 30303

Shannon Lori Lee PO Box 533 Kennesaw, GA 30156

SEE ATTACHED FOR ADDITIONAL CREDITORS

Date: July 30, 2018

Howard Slomka, Esq.
Georgia Bar # 652875
Slipakoff & Slomka, P.C.
Attorney for Debtor
2859 Paces Ferry Road SE Suite 1700
Atlanta, GA 30339
Tel. (404) 800-4001

### Case 16-56291-pmb Doc 35 Filed 07/30/18 Entered 07/30/18 10:53:50 Desc Main Document Page 10 of 10

Label Matrix for local noticing 113E-1 Case 16-56291-pmb Northern District of Georgia Atlanta

Mon Jul 30 09:39:43 EDT 2018

Capital One Auto Finance 7933 Preston Rd Plano, TX 75024-2302

Capital One Bank (USA), N.A. PO Box 71083

Charlotte, NC 28272-1083

ERC/Enhanced Recovery Corp 8014 Bayberry Rd

Jacksonville, FL 32256-7412

IC Systems, Inc 444 Highway 96 East Po Box 64378 St Paul, MN 55164-0378

Internal Revenue Service PO Box 7346

Philadelphia, PA 19101-7346

Shannon Lori Lee PO Box 533 Kennesaw, GA 30156-0533

Northside Marietta Imaging 780 Canton Road NE Marietta, GA 30060-7241 Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130-0285

Capital One Auto Finance c/o AIS
Portfolio Services, LP f/k/a AIS Data
Services d/b/a/ Ascension Capital Group

4515 N Santa Fe Ave. Dept. APS Oklahoma City, OK 73118-7901

Credit One Bank Na Po Box 98873

Las Vegas, NV 89193-8873

Frost Arnett Company PO Box 198988

Nashville, TN 37219-8988

Innovate Loan Servicing Corporation, service 6707 Brentwood Stair, Suite 610

Fort Worth, TX 76112-3368

Iq Data International
P.o. Box 3568

Everett, WA 98213-8568

Midland Credit Management Inc.

2365 Northside Drive Suite #300

San Diego, CA 92108-2709

Howard P. Slomka Slipakoff & Slomka, PC Overlook III - Suite 1700 2859 Paces Ferry Rd, SE Atlanta, GA 30339-6213 Capital One Auto Finance, a division of Capi

c/o AIS Portfolio Services LP et al 4515 N Santa Fe Ave Dept APS Oklahoma City, OK 73118-7901

Capital One Auto Finance

4515 N Santa Fe Ave. Dept. APS

Oklahoma City, OK 73118-7901

Melissa J. Davey

Melissa J. Davey, Standing Ch 13 Trustee

Suite 200

260 Peachtree Street, NW Atlanta, GA 30303-1236

(p) GEORGIA DEPARTMENT OF REVENUE

COMPLIANCE DIVISION ARCS BANKRUPTCY

1800 CENTURY BLVD NE SUITE 9100

ATLANTA GA 30345-3202

Innovateln 2201 Dottie Lynn P Fort Worth, TX 76120-4432

LVNV Funding, LLC its successors and assigns

assignee of FNBM, LLC Resurgent Capital Services

PO Box 10587

Greenville, SC 29603-0587

Northside Hospital 1100 Johnson Ferry Road

Suite 760

Atlanta, GA 30342-1743

U. S. Attorney

600 Richard B. Russell Bldg. 75 Ted Turner Drive, SW Atlanta GA 30303-3315

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Georgia Department of Revenue 1800 Century Blvd Suite 17200 Atlanta, GA 30345 End of Label Matrix
Mailable recipients 23
Bypassed recipients 0
Total 23